

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

Summer 2009

GROUP INSURANCE COMMISSION

*Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs*

Inside This Issue of FYB:

- ▶ Public Reporting Key to Cost/Quality
Improvements in Health Care by Charlie
Baker, President and CEO, Harvard
Pilgrim Health Care.....page two
- ▶ Check Your Doctor's and Hospital's
Tier Before You Visit
.....page three
- ▶ \$2,500 Tufts Health Plan-Sponsored
Scholarships.....page three
- ▶ City of Springfield Has Saved \$19
to \$23 Million Since Joining the GIC
According to UMass Boston and
Harvard University Study
.....page four
- ▶ Involuntarily Terminated or Laid Off?
You May Be Eligible for Subsidized
COBRA Coverage.....page five
- ▶ Keep in Mindpage six
- ▶ Infection Prevention: Take Steps to
Avoid Getting Sick.....page six

Joint Effort Key to Smooth New Municipality Implementation

This year, the most municipalities ever joined the GIC's health coverage effective July 1, 2009. Despite these challenges, annual enrollment ran smoothly and new municipal members will enjoy a smooth transition thanks to a team effort by municipal staff and the GIC. A total of 14,500 members from 14 municipalities, representing 29,000 lives, enrolled in coverage during enrollment. Danielle Chaplick, the GIC's Municipal Coordinator, was the municipalities' key contact person, coordinating all aspects of the implementation and she praised all of the municipalities for their efforts, "All of the municipalities were committed to the process and this was key to the success of these implementations," she stated.

Work began in the fall to make the transition smooth with a series of in-person and teleconference calls. John Harney, the GIC's Chief Information Officer, says the receipt of data is particularly challenging. To assist, the GIC developed a new software application that allowed municipalities to input their data in the same format, eliminating the need for subsequent edits and helping to ensure that all information was included. Test files from the municipalities were sent in January and the final data were received at the beginning of March. "Working with the dedicated GIC Municipal Team members was a valuable learning experience," said Ginny Ray, Municipal Benefits Coordinator in Stoneham. "They shared their past enrollment experiences and provided us with detailed instructions on what works and what to avoid. When our health fair arrived, we were well-prepared and confident thanks to our training and the many resources at our disposal," she added.

Gathering documentation for eligibility – Medicare documentation, birth and marriage certificates, and divorce decrees – is particularly important. Many municipalities asked that their employees and retirees send them their documentation in

continued on page 4

**Over 8,700 people attended
this year's GIC health fairs.**

See inside for photos.



*Matt Raymond of
HealthWatch provided
complimentary Body Mass
Index and Body Fat
Composition screenings at
the GIC's health fairs.*



*Bill Govostes of
HealthWatch
took blood pres-
sure screenings at
the McCormack
Building health
fair.*

Public Reporting Key to Cost/Quality Improvements in Health Care

By Charlie Baker, President and CEO, Harvard Pilgrim Health Care



Five years ago, Harvard Pilgrim published its 2004 annual report. We entitled it, “The Cost of Not Knowing,” and it focused on how little information exists in the public domain concerning health care costs and quality. We argued that this lack of publicly available information was a big problem – for three reasons:

- 1) There is no incentive to be the low-cost, high-quality provider of health care services, because there is no public accountability or recognition concerning cost or quality at the provider or provider group level. Low cost/high value providers get no public recognition or market benefit, and health plans like ours remain ambivalent about building select, high-value provider networks in the absence of public data that can serve as the baseline for such work.
- 2) The average cost per admission for Harvard Pilgrim members using community hospitals in Massachusetts is about \$4,450. The difference in cost per admission varies by 300 percent(!) – from \$2,305 in the lowest cost community hospital to over \$9,700 in the most expensive. These are the price differences after adjusting for the fact that some hospitals treat sicker patients – what’s called their “case mix.” Think of it as a positive adjustment for degree of difficulty – like in gymnastics.
- 3) There are some measures of quality that are strictly personal and subjective, and there are many variables that can change from week-to-week or day-to-day. But, in terms of clinical outcomes over time, there are numerous reports and documentation that every hospital in every state has to file with the state and federal government concerning infection rates, mortality rates, complication rates, and the like for every inpatient and outpatient procedure it performs. These filings show that there is virtually no correlation between high cost and high performance. The difference in performance among community hospitals for the vast majority of procedures is very, very small, and the difference among teaching hospitals is equally small.

Today, this lack of public transparency remains almost as big a problem now as it was then. Everyone is concerned about rising costs, but there is very little consensus about why health care costs are so high.

The Commonwealth has made some minor progress in collecting and posting publicly on a state web site a small subset of inpatient and outpatient services, and public hearings are being planned for this fall on what drives the cost of health care in Massachusetts. This is progress. In addition, the *Boston Globe* made a lot of noise with a three part Spotlight series earlier this year on the big differences that exist in the cost of care between physicians and hospitals delivering the same service.

This is all positive, but we still have a long way to go before the price and quality of health care services is as known and as understood as the price and quality of other goods and services. And I’m not expecting every individual to shop hard for an appendectomy either. I’m more interested in having the health care industry, the media, the public policy making community, and the public in general engaged in an ongoing, informed discussion about why health care costs are high and what we can do about them. And I’d like to see those who perform well get some public recognition for their work. Under the current system, no one knows – and as a result, no one cares.

Among employers, the Massachusetts Group Insurance Commission has made more progress on this topic than most – promoting the idea of tiered physician and hospital networks for its insureds using cost and quality information to tier providers. Not surprisingly, this initiative has generated controversy, some unhappiness, and a lawsuit or two along the way. But it’s also forced people to talk and to think – always a good thing.

Somehow, we need to get beyond “don’t ask, don’t tell” on the cost and quality of health care. I hope it’s sometime soon. We need the debate, the information, and the capacity to significantly enhance our collective decision-making.

Charlie Baker is the President and CEO of Harvard Pilgrim Health Care. He also has considerable public service experience having served as the Commonwealth’s Secretary of Health and Human Services and Secretary of Administration and Finance. Harvard Pilgrim has been a vocal supporter of more public reporting of health care information for the past several years. Baker writes about this, and other topics, on his blog at www.letstalkhealthcare.org.

Check Your Doctor's and Hospital's Tier Before You Visit

If you have an appointment to see a doctor, or if you are planning an inpatient hospital admission, find out your copay before you go. Physician and hospital tier assignments may change for your provider effective July 1, 2009. Hospitals are not tiered in some non-Medicare plans and physician and hospitals **are not tiered for any Medicare plans**.

- ◆ Call your health plan or visit your plan's website to find out the tier and corresponding copay
- ◆ Keep in mind that selecting Tier 1 and Tier 2 physicians and hospitals will save you money – Select & Save!

Why can physician tiers change? Each year, the health plans' claim data are refreshed with a new year's worth of claims and the oldest year data is no longer used. Physicians are measured according to how they score on nationally-recognized measures of quality and on efficiency and these results are given back to the health plans for tier assignments. Similar to an annual report card, physician ratings can change affecting their tier placement. Approximately 20% of Massachusetts physicians are ranked as excellent, and are assigned to Tier 1*** and 65% achieved good quality and efficiency scores, and are assigned to Tier 2**. Approximately 15% have standard quality and efficiency scores and are assigned to Tier 3*.

Each year, health plans that tier hospitals evaluate their recent inpatient hospital data and evaluate hospitals for differences in quality and cost. Plans have different cut points on a percentage basis, and some use geographic criteria, for how many hospitals are assigned to each tier.

By finding out your copay before you visit the doctor or hospital, you will make sure you pay the correct copay up front and avoid receiving a bill, or needing to ask for a refund later. Finding out hospital copays provides additional information to weigh when discussing hospital options with your physician.

Health Field–Bound College Students: Apply for One of Two \$2,500 Scholarships No Later Than July 31, 2009

Tufts Health Plan, the administrator of the Navigator Plan, is again sponsoring two \$2,500 scholarships for GIC college dependents. If your child is pursuing a college degree in the health care field and you are enrolled in any GIC health plan, encourage him or her to apply. Completed applications, including a cover letter, the required essay, copy of the student's most recent college transcript, and a resume (optional) MUST be received no later than 5 PM on July 31, 2009. Scholarship recipients will be notified by August 28, 2009.

Scholarship Eligibility Criteria:

- ◆ Undergraduate student currently enrolled full-time in any accredited two or four-year public or private college or university, and who has completed at least one semester of college as of July 31, 2009.
- ◆ Minimum college Grade Point Average of 3.0.
- ◆ Demonstrated interest in a health care career. Preference will be given to those applicants who plan on a career in the allied health field.
- ◆ Scholarship recipient's parent or legal guardian must be eligible and enrolled in health insurance through the GIC at the time of the award. Note that you may be enrolled in any of the GIC's health plan options. Previous recipients are ineligible for the scholarship.

Download the scholarship application from the GIC's website: www.mass.gov/gic or the Tufts Health Plan website: www.tuftshealthplan.com/gic. Or, to receive an application by mail, send a self-addressed stamped envelope to Sales – GIC, Tufts Health Plan, 705 Mount Auburn Street, Watertown, MA 02472-1508.



Kathy Czyryca, from the Town of Norwood, helped teachers enroll in a health plan at the Norwood Civic Center.



Pam Delmolino, Benefits Analyst School Department, Sally Douglas, Assistant Superintendent of Finance & Personnel and Lynn Myers, Account Clerk from the City of Pittsfield had long lines throughout the day at their table.

The UniCare table was so busy in Pittsfield that Debbie Fraser stepped outside to describe benefits to potential members.



City of Springfield Has Saved \$19 to \$23 Million Since Joining the GIC

According to UMass Boston and Harvard University Study

Since joining the GIC in January 2007, the City of Springfield has saved millions of dollars, according to a report commissioned by The Edward J. Collins, Jr. Center for Public Management at UMass Boston's McCormack Graduate School of Public Policy Studies and the Rappaport Institute for Greater Boston at Harvard's Kennedy School of Government. The study, titled "Controlling the Cost of Municipal Health Insurance: Lessons from Springfield" found the following for Springfield:

- ◆ Cut its health care cost increases \$14 to \$18 million over two years;
- ◆ Saved an additional \$5 million per year by requiring eligible retirees to enroll in Medicare Part B in order to receive Medicare supplemental health coverage through the city; and
- ◆ Will save between \$56 million and \$82 million from 2008 to 2012 if the GIC's historic eight percent average annual increases in health insurance premiums continue compared to past increases in Springfield.

The report offers suggestions for cash-strapped localities to

reduce their health insurance costs, whether or not they decide to join the GIC. It states that many Massachusetts communities could achieve significant health insurance cost reductions by adopting Section 18 of MGL Chapter 32B, requiring eligible retirees to enroll in Medicare. In Springfield, many members selected lower-cost HMOs and select network plans, which significantly contributed to the savings but the report cautions that these same shifts might not occur in every municipality. The GIC's strict eligibility rules significantly contributed to the savings, with a 5% reduction in the number of employees and retirees covered by Springfield's health benefits, saving an estimated \$1.1 million for the city. Municipalities that verify employee eligibility and documentation for covered spouses and dependents, similar to the GIC's requirements, could reap potential savings according to the report.

For a complete copy of this report, authored by Robert L. Carey and released May 2009, see the Research Centers and Initiatives – Center for Public Management section of the McCormack Institute's website: <http://www.mccormack.umb.edu>.

Joint Effort Key to Smooth New Municipality Implementation *continued from page 1*

advance of annual enrollment. Paul Murphy, the GIC's Director of Operations, commended many of the municipalities for putting together effective filing systems of eligibility documents, which were subsequently matched to enrollment applications, thereby making a big difference in entering the data in the GIC's system on a timely basis so that members would receive their health plan ID cards in time for their July 1 effective date.

Communication also played a key role in a smooth transition. New municipalities collaborated with the GIC to ensure that communications were accurate and complete. Nancy Dinofrio, Benefits Analyst for the City of Pittsfield, said, "As soon as the decision was made to go with the GIC, the City, with the GIC's help, notified employees and retirees as to exactly what was going to happen and what our insureds needed to do in order to keep their health insurance coverage."

For these fourteen municipalities, the hard work is over

and they are all enjoying a much deserved breather. Jeff Cannon, Treasurer of the Town of Millis, which joined in July 2008, said, "While there was some additional work in the setup phase, the cost savings to the Town of Millis and its active and retired employees is gratifying and substantial. Our town made an excellent choice when it decided to join the GIC."

Thank you to the following municipalities for all your hard work and making this year's annual enrollment a success! Blue Hills Vocational School District, Cities of Melrose, Quincy, and Pittsfield, Groton-Dunstable Regional School District, Pioneer Valley Planning Commission, Towns of Norwood, Randolph, Stoneham, Swampscott, Watertown, Wenham, Weston, and Weymouth.

Editor's Note: Information to assist municipalities with weighing the GIC health option is located within the municipal resources section of the GIC's website: www.mass.gov/gic.

Involuntarily Terminated or Laid Off?

You May Be Eligible for Subsidized COBRA Coverage

If you are involuntarily laid off or terminated from your job between September 1, 2008 and December 31, 2009, you may be eligible for subsidized COBRA continuation coverage for up to nine months. President Obama signed the American Recovery and Reinvestment Act (ARRA) of 2009 into law on February 17, 2009, which provides reduced premium relief for eligible employees. To be eligible, you:

- ◆ Must be eligible for continuation coverage at any time during the period from September 1, 2008 through December 31, 2009 and elect the coverage;
- ◆ Must have a continuation coverage election opportunity related to an involuntary termination of employment that occurred at some time during the above noted time period;
- ◆ Must not be eligible for Medicare; AND
- ◆ Must not be eligible for coverage under any other group health plan, such as a plan sponsored by a successor employer or a spouse's employer.

Q) What is the subsidized COBRA rate?

A) The federal government will subsidize COBRA by paying 65% of the COBRA premium for qualified beneficiaries. The rate you will pay after the subsidy is listed for all GIC health plans on the *COBRA Federal Premium Reduction Under ARRA* form.

Q) How do I get the *COBRA Federal Premium Reduction Under ARRA* form?

A) The form is available in the forms section of our website, www.mass.gov/gic, and will also be mailed to all GIC members who are terminated from their jobs.

Q) I am eligible for deferred retirement, but have been laid off and would like to take advantage of this subsidized COBRA rate. What are my options?

A) If you are eligible for both deferred retirement and subsidized COBRA coverage you may elect the subsidized

COBRA health-only coverage for the nine month maximum, then change to full 102% COBRA rates once the nine months of subsidy expire. During next year's annual enrollment, you may enroll in deferred retirement effective July 1. Note: If you are a state, not municipal, employee, you will lose your basic life insurance coverage under deferred retirement if you elect COBRA coverage.

Q) I am age 65 (or over) and was involuntarily terminated from my job. Am I eligible for subsidized COBRA coverage?

A) If you are eligible for Medicare (contact your local Social Security Administration office to determine eligibility), you are not eligible for COBRA. However, if you cover dependents under the age of 65, you may cover them at the subsidized rate for up to nine months and then may continue their coverage for the remaining nine months of COBRA coverage at the 102% COBRA rate.

Q) Our family income is less than or equal to 400% of the Federal Poverty Income Guidelines (for 2009: \$88,200 for family of four). Is additional help available to cover my COBRA health coverage?

A) The Massachusetts Division of Unemployment Assistance (DUA) provides additional COBRA reimbursement assistance for families eligible under the state's Medical Security Program. Contact DUA for details: www.mass.gov/dua.

To apply for subsidized GIC COBRA coverage, complete and return all of the forms included in the COBRA Federal Premium Reduction Under ARRA form, available on the GIC's website (www.mass.gov/gic) under the active state employee and municipal forms sections. For additional information of subsidized COBRA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272, or visit www.dol.gov/COBRA. For tax guidance on the subsidy, visit the Internal Revenue Service's website at www.irs.gov.



Pat Conley of the State Board of Retirement helped state employees understand their pension benefits.



Glenda DeBarge, of Health New England, described the plan's benefits to a potential member at the Holyoke Community College health fair.



Judy Settana (left), Supervisor of the GIC's Public Information Unit, answered questions about family status changes and GIC benefits.

Keep in Mind...

Working At Age 65 and Older

If you (the insured) continue working after age 65, you (and/or your spouse if you are covering a spouse under your health plan) should NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Retirees Who (or whose covered spouse) are Eligible for Medicare Part A for Free

- ◆ If you and/or your spouse are age 65 or older and eligible for Part A for free, state law requires that if you are eligible and are retired, you and/or your covered spouse enroll in Medicare Parts A and B and enroll in one of the GIC's supplemental Medicare plans to be covered by the GIC.
- ◆ If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan. If you (the retiree) or your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare. If this is the case, you must enroll in one of the pairs of plans listed in the health plan combination choices on our website or in your *GIC Benefit Decision Guide*.

You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of

your GIC coverage.

For additional details about Medicare and your GIC benefits, see the "Turning Age 65 question and answer brochure," located in the status changes section of our website.

Dependents Age 19 and Older Who Graduate from School or Whose Status Changes

Coverage for a dependent who is turning age 19 ends on the last day of the month in which the dependent turns 19, unless the insured completes and returns to the GIC a *Dependent Age 19 and Over Application for Coverage* form. Failure to notify the GIC of a change in your dependent's status could result in loss of coverage. You MUST complete and return to the GIC another copy of this form, which is available through your benefits office, on the GIC's website, or by calling the GIC, if your covered dependent age 19 or older has one of the following events:

- ◆ Is no longer a full-time student at an accredited school;
- ◆ Graduates;
- ◆ Withdraws from school;
- ◆ Changes from a part-time to full-time student at an accredited school;
- ◆ Is on a medical leave of absence from school or the medical leave of absence ends;
- ◆ Ceases to be an IRS dependent; or
- ◆ Ceases to be a Non-IRS dependent.



Infection Prevention: Take Steps to Avoid Getting Sick

The Centers for Disease Control and Prevention (CDC) is carefully monitoring the threat of H1N1 flu, also known as swine flu. Although the ultimate threat of this strain of flu is not yet known, it's important to take steps to prevent getting or spreading any kind of influenza. Here are a few easy measures, provided by the Partnership for Excellence, you can take in your daily life to stay healthy:

At Home:

- ◆ *Keep your hands clean.* Washing your hands regularly is the most powerful thing you can do to prevent infection. Make sure you always remember to wash after going to the bathroom, before you eat, or after taking

out the trash. Since it's sometimes difficult to get to a sink, keep an alcohol-based hand sanitizer in your car or bag.

- ◆ *Cover your mouth and nose if you cough or sneeze.* Use a tissue or even the bend in your elbow to prevent spreading germs to others. Make sure to wash your hands afterwards.
- ◆ *Take care of cuts, scratches and wounds.* Your skin is your armor against harmful bacteria. Keep all cuts, scratches and wounds clean and protected with a clean, dry bandage. Don't "let it breathe" unless your doctor directs you differently. If cuts are not healing, see a doctor.
- ◆ *Keep your skin healthy.* If it starts getting dry or cracking, apply moisturizing cream to keep skin soft.

continued on page 7

Infection Prevention: Take Steps to Avoid Getting Sick

continued from page 6

- ◆ *Use prescription antibiotics responsibly.* Be careful not to use prescription antibiotics too often. Doing this can actually make them less effective because it allows germs to build up resistance to medications. If you start taking antibiotics, be sure to take the full prescription. Stopping in the middle may allow the infection to return even stronger.

In the Community:

- ◆ *If you are sick, avoid close contact with others.* When you are sick, stay home from work or school, avoid public transportation and other places where there are crowds. Don't shake hands or touch others. That way other people won't get sick, and you'll get better faster.
- ◆ *Practice good hygiene at the gym.* Make sure to clean weights, exercise mats and aerobic equipment with antibacterial wipes before and after you use them. Wear flip flops in the shower and steam room to prevent athlete's foot or other infections. Shower after you work out and make sure you always use a clean towel to dry yourself.
- ◆ *Keep exercise equipment clean.* If you or someone in your family plays ice hockey, football or some other sport that requires personal protective equipment, be sure they wipe down this equipment with antibacterial wipes after every use. It's important not to share personal equipment.

The infection prevention information in this article was provided by the Partnership for Excellence (www.partnershipforhealthcare.org), a statewide initiative dedicated to helping Massachusetts consumers improve the quality of their own health care. The GIC is a member of the Partnership's Leadership Council.

To keep up with the facts of the swine flu and other disease threats, visit the Centers for Disease Control's website at www.cdc.gov/swineflu. The Massachusetts Department of Public Health has helpful information on how to care for someone at home who has the flu on their website: www.mass.gov/dph.



Left to right: Representative Jay Kaufman, (D-Lexington), stopped by the GIC's booth at the McCormack Building to talk with GIC Executive Director, Dolores L. Mitchell and GIC Deputy Director, Bob Johnson.

GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care <i>Neighborhood Health Plan</i>	1-800-462-5449 www.nhp.org
Navigator by Tufts Health Plan Mental Health/Substance Abuse and EAP (United Behavioral Health - UBH)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic, Community Choice, Medicare Extension (OME), and PLUS Prescription Drugs (Express Scripts)	1-800-442-9300 http://www.unicarestatplan.com/ 1-877-828-9744 www.express-scripts.com
Mental Health/Substance Abuse and EAP (United Behavioral Health - UBH)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Other Benefits for State Enrollees

Life Insurance and AD&D (The Hartford)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (Unum)	1-877-226-8620 www.mass.gov/gic
Employee Assistance Program (EAP) for Managers and Supervisors (United Behavioral Health)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (SHPS)	1-866-862-2422 www.mass.gov/gic
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (MetLife)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (MetLife)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (Davis Vision)	1-800-650-2466 www.davisvision.com

Other Resources

Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA)
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
Social Security Administration (Federal Program)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm

Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
--	--

For Your Benefit is published by the Massachusetts
GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor

COMMONWEALTH OF MASSACHUSETTS
GROUP INSURANCE COMMISSION
P.O. BOX 8747 • BOSTON MA 02114-8747

*Providing Massachusetts State and Participating Community Employees,
Retirees, and Their Dependents with Access to Quality Care at
Reasonable Costs*

Inside...

- Public Reporting Key to Cost/Quality Improvements in Health Care
- Joint Effort Key to Smooth New Municipality Implementation
- \$2,500 Tufts Health Plan-Sponsored Scholarships
- Involuntarily Terminated or Laid Off? You May Be Eligible for Subsidized COBRA Coverage



Mail Order of Maintenance Rx Saves Money



If you are regularly taking medications for a chronic medical condition, such as asthma, high cholesterol or blood pressure, consider mail order. Not only is mail order/home delivery of your medications convenient, it will save you money. Depending on the tier of the drug you are taking, you will save \$40 to \$160 per year per prescription:

Drug Copayment Tier	Annual Retail Pharmacy Copays	Annual Mail Order Copays	Savings Through Mail Order
Tier 1	\$120	\$80	\$40
Tier 2	\$300	\$200	\$100
Tier 3	\$600	\$440	\$160

These illustrated savings apply to all GIC health plans, except for Fallon Senior Plan and Tufts Health Plan Medicare Preferred, which have slightly different copays than the GIC's other employee and Medicare health plans. Prescriptions through a retail pharmacy are filled up to a 30-day supply and prescriptions through mail order are filled up to a 90-day supply, so with mail order you do not need to obtain refills as frequently, which will save you time.

It's easy to get started with mail order. And, once you begin, conveniently place reorders by phone or Internet. Contact your plan for details (see page 7).